STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOOD RIDGE ASSISTED LIVING	17650 GENERATIONS DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R000000	This visit was for the Investigation of Compliant IN00163259. Complaint IN00163259 - Substantiated. State deficiencies related to the allegations are cited at R088, R116 and R117. . Survey dates: February 16, 17, 18 & 19, 2015 Facility number: 001148 Provider number: 001148 AIM number: N/A Survey team: Diana McDonald, RN-TC Census bed type: Residential: 58 Total: 58 Sample 4 These state findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on February 26, 2015, by Brenda Meredith, RN.	R000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000088	410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on interview and record review, the facility failed to an administrator was appointed to the facility. This affected the organization and implementation of the day-to-day operations of the facility. Finding includes: During an interview on 2/16/2015 at 11:30 a.m., the Business Manager indicated the facility was without an administrator since 1/19/2015. On 2/16/2015 at 11:30 a.m., the Business Manager provided a letter from the Ridgeline Management Company, "Delegation of Authority," dated	R000088	1. Effective February 24, 2015 an administrator was selected and appointed; start date in the facility February 27, 2015. The department was notified of the absence of an administrator on January 19, 2015, and notified of the appointment of the new administrator March 2, 2015.	02/27/2015

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	01/19/2015. The letter indicated "...In the absence of a current administrator for Wood Ridge Assisted Living, we the Licensee [Ridgeline Management], authorize [Manager's Name] to act on the administrator's behalf...." During an interview on 2/18/2015 at 3:30 p.m., the Manager, indicated the Manager had an administrator's license in California but was not licensed in Indiana. The Manager indicated she had worked 10 consecutive days then had four days off. The manager indicated she was scheduled to leave California and return to the facility on 2/20/2015. This state tag relates to Complaint IN00163259.			
R000116	410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. Based on interview and record review the facility failed to implement their policy	R000116	It is the practice of this facility to obtain criminal background checks prior to employees	02/23/2015

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	and procedure related to obtaining a criminal background check prior to employment. This affected five out of five employee's reviewed for criminal background checks. (Employee #1, #2, #3, #4, #5) Finding includes: During an interview on 2/18/2015 at 11:15 a.m., the Business Manager indicated the criminal background checks were not completed before the employee started to work. On 2/18/2015 at 2:30 p.m., the employee files for Employee's #1, #2, #3, #4, and #5 were reviewed and indicated the following: Employee #1 began work on 08/01/2014. The criminal background check was dated 12/16/2014. Employee #2 began work on 11/21/2014. The criminal background check was dated 12/16/2014. Employee #3 began work on 09/08/2014. The criminal background check was dated 12/16/2014. Employee #4 began work on 08/13/2014. The criminal background check was		working. 1. All employee files have been audited to ensure that all employees have a criminal background check and meet the requirements. No new hires from the date of the survey. 2. The facility has a procedures checklist and a policy; the business office manager will follow the policy of completing criminal background checks prior to employment for all prospective employees. 3. Effective February 23, 2015, the administrator will crosscheck each employee file to ensure that a criminal background check has been completed prior to a prospective employee working. In addition, all new employees will be reported to the Regional director over the next 90 days to instill the process, and to ensure this process is being completed prior to an employee working. 4. The Regional Director will audit on a quarterly basis to ensure no trends or patterns of deficient practice are occurring. 4. Completion Date: February 23, 2015.	

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	dated 08/19/2014 and 12/16/2014. Employee #5 began work on 10/15/2014. The criminal background check was dated 12/16/2014. On 2/19/2015 at 10:15 a.m., the Business Manager provided the policy "Employee File Checklist Hire and Orientation," dated 2009, and indicated the policy was the one currently used by the facility. The policy indicated, "...Complete Criminal Background check with [company name] - Once received then the employee can begin work...." On 2/19/2015 at 10:15 a.m., the Business Manager provided the policy " Policy & Procedure Criminal Background Checks Drug Screening," dated December, 2009, and indicated the policy was the one currently used by the facility. The policy indicated the following: * "...In order to be considered for possible employment...." * "...Each applicant will be required to complete a criminal background check that will also help assist us in ensuring the safe care of our residents...." * "...Make written job offer contingent upon all applicable for your state successful passing of Drug and Alcohol Testing and Criminal Background History Check...."			

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R000117	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review the facility failed to ensure a CPR	R000117	It is the practice of this facility to have one awake staff person with	03/05/2015

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	(Cardiopulmonary Resuscitation) certified staff member was on site at all times. This affected 5 of 30 shifts reviewed. Findings include: On 2/18/2015 at 11:15 a.m., the nursing schedule from 2/1/15 through 2/15/2015 were reviewed. The following shifts did not have a CPR certified staff on duty: * 2/10/2015 from 8:00 p.m., till 7:00 a.m. * 2/11/2015 from 8:00 p.m., till 7:00 a.m. * 2/12/2015 from 8:00 p.m., till 7:00 a.m. * 2/14/2015 from 8:00 p.m., till 7:00 a.m. * 2/15/2015 from 8:00 p.m., till 7:00 a.m. During an interview on 2/17/2015 at 12:21 p.m., the Business Manager indicated, I don't think they have been keeping up with the CPR certification. No one on the list who worked the last two weeks has their CPR certification. On 2/19/2015 at 11:08 a.m., the Business Manager provided the policy titled "Employee File Checklist Hire and Orientation," dated 2009, and indicated the policy was the one currently used by the facility. The policy indicated, "...Obtain a copy of employee [Certified First Aid Certification]. If the employee does not have this certification, schedule a date for employee to receive First aide		a current CPR and first aid certification at all times. 1. Effective February 20, 2015 all shifts had an individual current in CPR and first aid certification to meet the regulations. In addition, all employees were asked to bring in their current certifications for CPR and First aid, the administrator placed certification in the employees file for review. 2. Effective March 5, 2015 all employee files were reviewed by Administrator to ensure compliance. 3. A re-certification log has been put into place. The Business office manager will be responsible for keeping this log updated. Each month the log will be reviewed to indicate if an employee is due for re certification. 4. The administrator will be responsible for reviewing the facility schedule on a monthly basis to ensure that one awake staff person with a current CPR and first aid certification is scheduled at all times. In addition, the Regional Director will monitor the process on a quarterly basis to determine if any trends or patterns of deficient practice are occurring. 5. Completion date: March 5, 2015.	

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	training...." This state tag relates to Complaint IN00163259.			